

OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

April 22, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Robert F. Carlton
4210 Whitestone Place
Atlanta, GA 30327

04-R-0557

Dear Mr. Carlton:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on April 19, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

RCS# 5585
4/19/04
3:03 PM

Atlanta City Council

Regular Session

CONSENT I CONSENT I PG(S) 1-18, EXCEPT:04-R-0538
04-O-0487 04-R-0473
ADOPT

YEAS:	14
NAYS:	0
ABSTENTIONS:	0
NOT VOTING:	2
EXCUSED:	0
ABSENT	0

Y Smith	Y Archibong	Y Moore	Y Mitchell
Y Starnes	NV Fauver	Y Martin	Y Norwood
Y Young	Y Shook	Y Maddox	Y Willis
Y Winslow	Y Muller	Y Boazman	NV Woolard

CONSENT I

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0858

Date: March 16, 2004

Claimant /Victim ROBERT F. CARLTON
BY: (Atty) (Ins. Co.) _____
Address: 1410 Whitestone Place, Atlanta, Georgia 30327
Subrogation: _____ Claim for Property damage \$ 1,282.00 Bodily Injury \$ _____
Date of Notice: 10/21/03 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/16/03 Place: 4210 Whitestone Place
Department PARKS, RECREATION & CULTURAL AFFAIRS Division Parks
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his landscaping was ruined by fallen tree limbs from a City tree maintenance project. However, the City is immune from liability for all operations as provided in O.C.G.A. 36-33-1.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2PO1 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 03/17/03
Committee Action: _____ Council Action _____

Post Mark Date 10/16/03
By [Signature]

RECEIVED

OCT 21 2003

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

MUNICIPAL CLERK

Today's Date: 10/16/03

ENTERED - 11-3-03 - SB
03L0858 - GWEN BURNS

BURNS
10/31/03

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,282.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident 10/16/03
(month/day/year)
2. Police called: _____
Yes No
3. Location of incident 4210 WHITESTONE PLACE ATLANTA, GA. 30327
4. Name of your insurance company: STATE FARM Policy No. 11-NH-9732-4
5. State what and how incident occurred: A City crew came out to cut a large oak tree in the city right of way and dropped huge limbs & tree debris on to my property crushing trees & shrubs & rose bushes on my property. my landscaping was all brand new and installed in May of 2003.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle _____
(make) (year) (tag number) (driver's name)
City vehicle _____
(make) (City driver's name) (department/bureau)
8. Witness _____
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Robert F. Carlton
(claimant's name)
4210 Whitestone Place
(address)
Atlanta, GA. 30327
(city and state)
404-309-9254
(work number) (home number)

04-R-0557

Entered -11-03-03 - sb
CL 03L0858 - GWENDOLYN BURNS

CLAIM OF: ROBERT F. CARLTON
4210 Whitestone Place
Atlanta, Georgia 30327

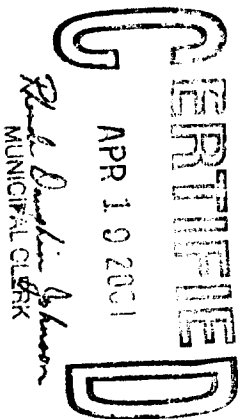
04-*r*-0557

For damages alleged to have been sustained when limbs from a tree removal project fell and damaged landscaping on October 16, 2003 at 4210 Whitestone Place.

THIS ADVERSED REPORT IS APPROVED

BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/30/04

CHAIR: [Signature]

[Signature]

[Signature]

[Signature]

[Signature]

ADVERSED

APR 19 2004